



Construction Trades Qualifying Board
**APPLICATION FOR
PERSONAL and BUSINESS CERTIFICATION
SOLE PROPRIETORSHIP**

APPLICATION FEES

PERSONAL APPLICATION FEES

MASTER AND INSTALLER.....	\$ 315.00
BUILDING/BUILDING SPECIALTIES PERSONAL CERTIFICATE.....	\$ 315.00
ENGINEERING PERSONAL CERTIFICATE.....	\$ 315.00

BUSINESS APPLICATION FEES..... \$ 315.00

(Business Application not applicable to Journeyman and Maintenance man applicants)

MAKE CHECK PAYABLE TO MIAMI-DADE COUNTY

Refunds may be granted **only** for exam categories under specific circumstances outlined in Section 10-23 of the Code of Miami-Dade County. In those cases where a refund is applicable, there will be a non-refundable processing fee of \$80. Refund requests must be made in writing no later than six months from the exam date. Original receipt must be presented for a refund.

APPLICATION SUBMITTAL

Return this application and all supporting documents by mail to the Miami-Dade County Building Code Compliance Office, Contractor Licensing, 140 W. Flagler Street, Suite 1602, Miami, FL 33130-1563. You may also hand deliver documents to Contractor Licensing located on the 16th floor of the same building. If you have questions, please contact one of the following Contractor Licensing staff at (305) 375-2901.

Licensing Clerk
Licensing Clerk
Licensing Clerk
Licensing Clerk
Licensing Clerk
Supervisor

Dorothy Woon
Valease Floyd
Lourdes Maytin
Alison Corvetto
Maria Moreno
Shirley Brown

*For Engineering categories, return application and all supporting documents to the Public Works Department at 111 NW 1st Street, Suite 1510, Miami, FL 33128. For further information call (305) 375-2705.

FILING DATE

All licensing categories requiring an exam must be reviewed and approved by the Contractor Enforcement Section and the Construction Trades Qualifying Board prior to taking an exam. The completed application along with the supporting documents as required with the fee must be received at least thirty (30) calendar days before the next scheduled CTQB meeting. A notice will be sent to the applicant indicating the date, time and location of the requested examination at least 10 days prior to the next scheduled exam.

Construction Trades Qualifying Board

List of Certification Categories

Building

- | | |
|----------------------------------|--------------------------------------|
| *General Building Contractor (A) | *Sub-General Building Contractor (A) |
| *Sub-Building Contractor (A) | |

Building Specialties

- | | |
|--|---|
| Canvas Awning | Metal Partition (cannot be combined with
Gypsum Drywall Finisher and/or Installer) |
| *Communication Tower (A) | *Miscellaneous Metals (A) |
| Concrete Finishing | Ornamental Iron |
| *Concrete Forming & Placing (A) | Painting |
| *Concrete Slab Sawing & Core Drilling (A) | *Pneumatic Concreting & Pressure Grouting (A) |
| *Demolition (A) | *Pre-stressed Precast Concrete Erection (A) |
| Door | Public Seating |
| *Drywall (A) | *Reinforcing Steel Placing (A) |
| *Fence (A) | *Roof (A) |
| Finish Carpentry (Store Fixtures & Cabinets) | *Rook Deck (A) |
| Flooring | *Screen Enclosure |
| Garage & Industrial Door | Sheet Metal Gutter & Downspout |
| *Glass & Glazing (A) | Shower & Tub Enclosure |
| Gypsum Drywall Finisher | *Sign (Non-Electric) (A) |
| Gypsum Drywall Installer | *Structural Steel Erection (A) |
| Insulation & Acoustical Tile | *Swimming Pool (A) |
| *Lathing & Plastering (A) | Traditional Thatched Hut |
| Masonry & Decorative Fence | *Unit Masonry, Marble & Exterior Veneer (A) |
| *Metal Awning & Storm Shutter (A) | |
| *Metal Decking & Siding (A) | |

Maintenance

- | | |
|------------------------------|-----------------------------|
| *Building Maintenance (B) | *Mechanical Maintenance (B) |
| *Maintenance Electrician (B) | *Plumbing Maintenance (B) |

Electrical

- | | | |
|----------------------------------|------------------------------|------------------------------|
| *Journeyman Electrician (B) | *Master Electrician (A) | *Master Low Voltage (A) |
| *Journeyman Burglar Alarm (B) | *Master Burglar Alarm (A) | *Master Sign Electrician (A) |
| *Journeyman Fire Alarm (B) | *Master Electric Utility (A) | *Master TV Antenna (A) |
| *Journeyman Sign Electrician (B) | *Master Fire Alarm (A) | |

- *Examination Categories
(A) = 2 part exam, Business and Technical
(B) = 1 part exam, Technical

CONTINUED ON BACK ➤

Construction Trades Qualifying Board

List of Certification Categories

Plumbing

- *Journeyman Plumber (B)
- *Journeyman Gas Fitter (B)
- *Master Plumber (A)
- *Master Gas Fitter (A)
- *Master Lawn Sprinkler (A)
- *Master Swimming Pool Maintenance (Limited or Unlimited) (A)
- *Master Swimming Pool Piping (A)

Mechanical

- *Journeyman Air Conditioning (B)
- *Journeyman Fire Sprinkler (B)
- *Journeyman Gasoline Tank & Pump (B)
- *Journeyman General Mechanical (B)
- *Journeyman Heating (B)
- *Journeyman Insulation (B)
- *Journeyman Pneumatic Control Piping (B)
- *Journeyman Pressure & Process Piping (B)
- *Journeyman Refrigeration (B)
- *Journeyman Room Air Conditioning (B)
- *Journeyman Sheet Metal (B)
- *Journeyman Steam Generator Boilers & Piping (B)
- *Journeyman Warm Air Heating (B)
- *Master Air Conditioning Limited (A)
- *Master Air Conditioning Unlimited (A)
- *Master Ammonia Refrigeration (A)
- *Master Elevator Maintenance & Service (A)
- *Master Gasoline Tank & Pump (A)
- *Master General Mechanical (A)
- *Master Heating (A)
- *Master Insulation (A)
- *Master Pneumatic Control Piping (A)
- Master Pneumatic Tube Conveyor System (A)
- *Master Pressure & Process Piping (A)
- *Master Refrigeration & Air Conditioning (A)
- *Master Refrigeration Limited (A)
- *Master Refrigeration Unlimited (A)
- *Master Room Air Conditioning (A)
- *Master Sheet Metal (A)
- *Master Steam Generator Boiler & Piping (A)
- *Master Transporting Assembly Install (A)
- *Master Transporting Assembly Maintenance & Service(A)
- *Master Warm Air Heating (A)

Liquefied Petroleum

Liquefied Petroleum Gas Installer (A)

*Examination Categories

(A) = 2 part Exam – Business and Technical

(B) = 1 part Exam – Technical



Construction Trades Qualifying Board

BUILDING CODE COMPLIANCE OFFICE
140 West Flagler Street, Suite 1602
Miami, FL 33130-1563

PHOTOGRAPH

One recent photo must be attached

SECTION A: to be filled out by individual that is filing for

a **PERSONAL CERTIFICATION**

PLEASE TYPE OR PRINT (must be legible). An answer must be provided for each question. If a question does not apply indicate "N/A". For retakes, complete 1 through 9 only.

Trade and category applying for _____

If exam category, provide exam date _____

1. Name _____ Last 4 digits of Social Security No. XXX-XX-
Phone: Home _____ Work _____ Pager or Cellular _____
Fax: _____ Email Address: _____
Address _____ City _____ State _____ Zip Code _____
Driver's License No. _____ Place of Birth _____ Date of Birth _____ Age _____

Include copy of Driver's License

2. Number of years working in trade applied for: _____ Yrs. as a Trainee: _____ Yrs. as Journeyman: _____
3. If applying for a MASTER examination and the prerequisite is a Miami-Dade County Journeyman certification, when did you pass the Journeyman examination? _____
4. Have you previously taken an examination in Miami-Dade County in the category you are now applying for? Yes _____ No _____
If Yes, when? _____
5. Were you previously denied in Miami-Dade County to take an examination? If yes, in which category and for which exam date?
Category _____ Exam date _____
6. As a condition of this application, you will be responsible for becoming familiar with and abiding by the requirements of Chapter 10 of the Code of Miami-Dade County. Have you read Chapter 10 of the Code of Miami-Dade County? Yes _____ No _____
7. Do you hold a certificate/license in any of the construction trades issued by any county or state board? Yes _____ No _____
If yes, attach copy.

IMPORTANT NOTE!

All trade experience must be documented by LETTERS from all subject employers (employers must include their contractor license no.), W-2 forms, and/or other documentary proof of such experience may be required before the Construction Trades Qualifying Board (CTQB) can review your application. It is the applicant's responsibility to contact employers and obtain from them such documentary proof to be submitted by the applicant upon filing this application.

TRADE EXPERIENCE

8. List below your complete trade experience related to the category for which you are applying. Be accurate and detailed since this information will be verified. If additional space is needed please use back of this page.

(BEGIN WITH CURRENT EMPLOYER)

					DATE	
Company	Street	City	State	Zip	FROM: Month/Yr.	TO: Month/Yr.
In what capacity did you work, or what did you do?						
Company	Street	City	State	Zip		
In what capacity did you work, or what did you do?						
Company	Street	City	State	Zip		

Company	Street	City	State	Zip		
In what capacity did you work, or what did you do?						
Company Street City State Zip						
In what capacity did you work, or what did you do?						
Company Street City State Zip						
In what capacity did you work, or what did you do?						

EDUCATION

9. Please provide the following information about your educational background.

HIGH SCHOOL _____ City _____ State _____ Year _____

If applicable General Education Degree (GED) _____ City _____ State _____ Year _____

VOCATIONAL/TRADE SCHOOL _____ City _____ State _____ Year _____

COLLEGE _____ City _____ State _____ Year _____

DEGREE TITLE _____ Year Obtained _____

POST GRADUATE _____ City _____ State _____ Year _____

OTHER SCHOOLING (Military Service or other) _____

LIST RELEVANT SCHOOL COURSES TAKEN _____

LICENSURES _____

FUTURE BUSINESS INTENT

(Not applicable to Journeyman and Maintenceman applicants)

10. Do you intend to go into business or to qualify a company? Yes _____ No _____ If yes, please indicate below which type of business you may be interested in applying for:

_____ Sole Proprietorship _____ Partnership _____ Corporation/Other Business Entity

If you indicated above intent to later obtain a contractor's business certificate, the applicable forms will be forwarded to you once your personal certification application has been approved.

RESUME OF APPLICANT'S EXPERIENCE

In order for the CTQB to properly assess your experience in terms of authorized scope of work categories listed in Chapter 10 of the Code of Miami-Dade County, it is required that you complete this resume.

11. PLEASE EXPLAIN IN DETAIL THE WORK YOU HAVE PERFORMED IN THE FIELD IN CONJUNCTION WITH THE CATEGORY IN WHICH YOU ARE REQUESTING TO BE CERTIFIED. IN ADDITION, HIGHLIGHT THOSE JOBS THAT BEST DEMONSTRATE THE SKILLS REQUIRED FOR THE APPLICABLE TRADE.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I certify that the above described work and experience recorded represents to the best of my knowledge all information relative to the scope of work and category for which I am applying. I further certify that all supporting documentation submitted with this application is true and accurate. I understand that an issuance of a personal certificate does not permit me to act as a contractor in the trade concerned and in order to work in the trade I must be employed by a licensed contractor. I realize that if I do contract without a contractor's business certificate of competency, I will face the possibility of receiving a fine of up to \$5,000 on each count and my personal certificate could be suspended or revoked by the Miami-Dade County Construction Trades Qualifying Board. I understand that refunds may be granted only for exam categories under specific circumstances outlined in Section 10-23 of the Code of Miami-Dade County and include a non-refundable process fee of \$80.

X _____
Applicant's Signature

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ ,
20 ____ , by _____ , who is personally known to me or who has
produced a _____ as identification and who did / did not take an oath.

NOTARY PUBLIC



Construction Trades Qualifying Board AFFIDAVIT OF TRADE EXPERIENCE

This is to certify that _____ is/was

employed by _____

located at _____

Telephone #: _____

from _____ to _____

His/her total length of time in the field was _____

The specific type of work performed consisted of the following:

MUST BE COMPLETED BY THE CONTRACTOR

I am the Qualifier of the above firm or corporation and hold a current certificate of competency

Card # _____ issued by _____ as a

Contractor.

Signature: _____

Print: _____

STATE OF FLORIDA)

SS:

COUNTY OF DADE)

I hereby certify that on this ____ day of _____, A.D. 20____ before me did personally appear _____ to me known to be the person described in and who executed the forgoing instrument and did acknowledge that he/she executed the same freely and voluntary and for the uses and purposes therein mentioned and that all statements contained therein are true and honest to the best of his/her knowledge.

WITNESS my signature at Miami, in the County and State aforesaid on the day and year last aforesaid.

NOTARY PUBLIC: _____

My commission expires

FOR DEPARTMENT USE ONLY

Fee _____ Process No. _____ Clerk _____ Date _____

Is this application for a late renewal (missed more than two consecutive renewal periods) of a personal certificate?
Yes _____ No _____

Special Exam Provisions: _____ Applicant Initials: _____ Date: _____

Notes _____

Review of PERSONAL APPLICATION

Approved ☐

Rejected ☐

Board Appearance Required ☐

FOR CTQB USE ONLY

APPROVED ☐ REJECTED ☐

Special instructions/comments from CTQB _____

By: _____
CTQB Member (Signature)

Date: _____

(Print Name)



Construction Trades Qualifying Board
APPLICATION INSTRUCTIONS FOR MIAMI-DADE COUNTY
CONTRACTOR'S BUSINESS CERTIFICATE OF COMPETENCY

CODE REGULATIONS

Chapter 10 of the Code Of Miami-Dade County requires any persons, sole proprietorships, partnerships or other business entities desiring to engage in the business or acting in the capacity of a contractor or subcontractor in the construction field in both the incorporated and unincorporated areas of Miami-Dade County to be approved and certified by the Miami-Dade County Construction Trades Qualifying Board (CTQB), State of Florida Construction Industry Licensing Board or the State of Florida Electrical Contractors Licensing Board. The CTQB will, as authorized by law, consider the work experience of the qualifying agent, financial status and other pertinent information relative to the applicant in determining if the application should be approved.

APPLICATION GUIDELINES

1. The following are guidelines on the applications required to be completed in order to obtain a Business Certificate of Competency: Applications may be typed or handwritten (must be legible).

- If a Corporation or a Business Entity other than a sole proprietorship or partnership, a ***Business Application for a Corporation/Business Entity*** and ***Applicant Financial History*** form must be completed. (Section A of the Business Application must be completed by the Qualifying Agent. Section B of the Business Application must be completed by the president or authorized officer.)
- If a Sole Proprietorship, a ***Business Application for a Proprietorship*** and ***Applicant Financial History*** form must be completed. (The qualifying agent must complete the entire business application.)
- If a Partnership, a ***Business Application for a Partnership*** and ***Applicant Financial History*** form must be completed. (Section A of the Business Application must be completed by the person qualifying the Partnership. Section B of the Business Application must be completed by the Partners.)
- For a Change of Affiliation, a ***Business Application, Outgoing Affidavit (Change of Affiliation)*** and ***Applicant Financial History*** form must be completed.
- To place a certificate in inactive status, an ***Outgoing Affidavit (Inactive Status)*** and ***Applicant Financial History*** form must be completed.
- To add a "DBA" to an existing company name, a ***Business Application, Outgoing Affidavit (Change of Affiliation)*** and ***Applicant Financial History*** form must be completed along with a fee of \$100.00.

2. An answer must be provided for each question. If a question does not apply, please indicate "N/A" (Not Applicable).
3. Applications must be sworn to before a Notary Public and bear a Notary Seal. Applicants are responsible for having the business application notarized prior to submission to the Contractor Licensing Section.
4. The Qualifying Agent must have a significant interest or financial interest in the entity he/she is qualifying as evidenced by his/her position as an officer or partner or principal stockholder in accordance with Section 10-6 (E) 5 of the Code of Miami-Dade County.
5. If you are qualifying a Corporation, you must obtain from the Secretary of State, Tallahassee, Florida, the **CERTIFICATE OF STATUS UNDER THE GREAT SEAL** showing the corporation is currently authorized to do business in Florida. This original certificate must be presented to the Contractor Licensing Section and a copy submitted with the application. If sending the application by mail, a notarized copy of the certificate must be submitted.
6. The applicant must submit a copy of the Articles of Incorporation with proof of acknowledgment by the Florida Department of State or By-laws, whichever applicable. To obtain or make a change to the Articles of Incorporation call the Florida Department of State, Division of Corporations at (850) 488-9000.
7. Under the *Fictitious Name Law*, if your business entity (does not apply to corporations) bears something other than your full legal name, it is necessary that you secure a certificate from the Secretary of State, Tallahassee, Florida, at (850) 487-6058 indicating that you have registered. This certificate must be submitted with the application.
8. If you are qualifying a business entity other than a corporation or proprietorship, you must submit documents that demonstrate the ownership interest of the business including, but not limited to, name, home address, ownership interest.

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9. CERTIFICATE OF GENERAL LIABILITY INSURANCE

A certificate of general liability insurance must be filed with the Board with the following minimum insurance limits before a Contractor's Certificate of Competency can be issued.

Minimum Insurance Limits:

Bodily Injury Liability \$300,000 Per accident or occurrence
Property Damage \$50,000 Per accident or occurrence

The Certificate of General Liability Insurance must be in the name of the Sole Proprietorship, Partnership, Joint Venture, Corporation or other business entity. **The Certificate of General Liability Insurance should not be obtained until after the application has been approved by the CTQB.**

NOTE: Insurance certificate must be made out to Miami-Dade County Building Code Compliance Office, 140 W. Flagler Street, Suite 1603, Miami, FL 33130.

10. CERTIFICATE OF WORKER'S COMPENSATION INSURANCE

Worker's compensation insurance must be presented to the municipal building department when pulling permits. In the case of the Unincorporated Dade County Building Department, worker's compensation insurance must first be presented to the Contractor Licensing Section in order to pull permits and/or engage in business. If a contractor applicant is exempt from the Worker's Compensation Insurance, he/she must submit to the Contractor Licensing Section an executed exemption issued by the Florida Division of Worker's Compensation (phone no. (305) 377-5385 ext. 102).

11. All qualifying agents employed by Miami-Dade County are exempt from providing a Certificate of General Liability and Worker's Compensation Insurance (this does not apply to qualifying agents under contract with Miami-Dade County).

12. Pursuant to Administrative Order No. 4-112, the following fee must accompany the application:

- **\$315 per Business Certificate of Competency**

If you are an active certified contractor and want to add additional qualifying agent(s), you must submit a business application and pay the required fee of \$315.00 for each additional qualifying agent.

- **\$350 per Change of Affiliation**

A Change of Affiliation occurs when an active certified contractor changes the name of their business or wishes to leave the company he/she is qualifying in order to qualify another business entity. Please note, that a personal certificate of eligibility is required before you can qualify a business.

- **\$150 per Inactivation of Business Certificate of Competency**

- **\$100 to add a DBA to an existing company**

Note: The fees provided above are non-refundable. Please make your check payable to **Miami-Dade County Building Code Compliance Office**

13. **FILING DATE:** Before CTQB can consider the issuance of a business certificate of competency, a credit report must be ordered by our office and received prior to the meeting. The Building Code Compliance Office utilizes a vendor under contract who provides these credit-reporting services. The vendor takes approximately two to three weeks to provide the credit report. Therefore, the completed application, along with all supporting documents as required with the fee, must be received at least thirty (30) calendar days before the next scheduled CTQB meeting. A notice of the board decision will be sent to the applicant ten (10) business days after the CTQB meeting.

14. **IMPORTANT!** If you fail to finalize your paperwork within **180 days from the date of CTQB approval**, your application will be **NULL AND VOID** and you will be required to pay the full application fee to re-file.

15. APPLICATION SUBMITTAL

Return this application and all supporting documents by mail to the Miami-Dade County Building Code Compliance Office, Contractor Licensing, 140 W. Flagler Street, Suite 1602, Miami, Florida 33130-1563. You may also hand deliver documents to Contractor Licensing located on the 16th floor of the same building. If you have questions, please contact the Contractor Licensing staff at (305) 375-2527.

Building/Building Specialties	Dorothy Woon
Electrical/Mechanical/Plumbing/LP Gas	Alison Corvetto
Supervisor	Shirley Brown

NO APPLICATION OR PART THEREOF WILL BE ACCEPTED UNLESS COMPLETELY FILLED OUT, PROPERLY EXECUTED AND ACCOMPANIED BY ALL REQUIRED SUPPORTING DOCUMENTS AND THE REQUIRED FEE.



SECTION B: **BUSINESS APPLICATION** for a **SOLE PROPRIETORSHIP**
QUALIFIER INFORMATION (To be completed by the Qualifying Agent)

1. _____
Trade and Category (Refer to category list)
1. _____ XXX-XX-_____
Name of Qualifying Agent Last 4 Digits of Social Security No.
- _____
Home Address City State Zip Code
- _____
Home Telephone No. Driver's License No.
- Height _____ Weight _____ Color of Hair _____
- Date of Birth _____ Place of Birth (City and State) _____
- Business Name _____ Position _____
- _____
Business Address City State Zip Code
- _____
Business Telephone No. Business Fax No. Email Address
2. Have you, the Qualifying Agent, been convicted of a felony in the State of Florida or elsewhere in the past five years or are currently facing felony charges? NO ☐ YES ☐ If YES, state where and nature of offense. If applicable, provide name of court and case number.
- _____

3. Were you ever refused a contractor's license? NO ☐ YES ☐
- What type of license? _____ When? _____
- Where? _____ Written Exam? NO ☐ YES ☐
- Why were you refused? _____
- _____

4. a Do you currently hold a certificate issued by any Florida State Board? NO ☐ YES ☐
If YES, provide Certificate No. _____ and the name of the business entity you qualify (or indicate "Inactive", if appropriate).
- _____
- b. Are you qualifying a business entity in this or some other county within the State of Florida?
NO ☐ YES ☐ If YES, in what county? _____
In what trade? _____ Provide name of business entity _____
_____ If applicable, provide state registration No. _____

5. Have you the Qualifying Agent ever had a certificate of competency (business certificate) suspended or revoked by the State of Florida Construction Industry Licensing Board or other state licensing authority or the licensing authority of another municipality or county whether located in the State of Florida or another State? NO ☐ YES ☐
If YES, please explain.

6. List all businesses owned, operated or managed by you at the present time, and all businesses in which you have had an active part in Florida or elsewhere during the last five years with addresses.

7. Have you ever failed in business? NO ☐ YES ☐ If YES, please explain. _____

8. REFERENCES. List four references which can provide information as to your competency and financial responsibility. An employer, an architect or engineer, a supply house and a financial institution are suggested.

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

9. Have you as an individual, or as an officer or director of a corporation or member of a business entity committed an act within the past three years which if committed or done by a licensed contractor would be grounds for suspension or revocation of such contractor's license? NO ☐ YES ☐ If YES, please explain,

10. Have you as an individual, or as an officer or director of a corporation, or member of a business entity ever benefited from or caused injury to another as the result of an act within the past three years involving dishonesty negligence, fraud, deceit or lack of integrity? NO ☐ YES ☐ If YES, please explain.

The following are *definitions* needed in order to answer the next set of questions.

(i) *If a sole proprietorship, the qualifying agent; or owner*

(ii) *For purpose of this rule, "responsible person" includes a qualifying agent, any partner, joint venture partner, corporate officer, corporate director, trustee and stockholder controlling 25% or more in a corporation.*

11. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract work undertaken by any person named in (i) above or any organization in which such person was a responsible person as defined in (ii) above? NO YES
12. Are there now any liens, suits or judgments of record or pending against any person named in (i) above or any organization in which any such person was a responsible person as defined in (ii) above, as a result of the construction operations of such person or organization? NO YES
13. Are there now any liens of record by the U.S. Internal Revenue Service or the State of Florida Corporate Tax Division against any person named in (i) above or any organization in which any such person was a responsible person as defined in (ii) above? NO YES
14. Has any person named in (i) above or has any organization in which any such person was a responsible person as defined in (ii) above ever made an assignment of assets in settlement of construction obligations for less than the total amount of the indebtedness? NO YES
15. Has any person named in (i) above or has any business entity in which any person was a member been convicted of acting in the capacity of a contractor without a license or if licensed as a contractor in this or any other state, has any disciplinary action (including probation, fine or reprimand) ever been taken against such license by a state, county or municipality? NO YES
16. Has any person in (i) above or has any business entity in which such person was a responsible person as defined in (ii) above ever been convicted of a felony within the past five years in this state or elsewhere?
NO YES

I certify that I will act for the sole proprietorship I am qualifying, in all matters concerning the contracting business, and will actively supervise all construction work and be responsible for ascertaining that all such work is completed according to approved plans, applicable codes and good construction standards. I will immediately notify the Construction Trades Qualifying Board (CTQB) if I sever connections with the business entity. I am aware that I must finalize my paperwork within 180 days from the date of CTQB approval and if I fail to do so my application will be null and void and I will be required to pay the full fee to refile. I am also aware that the fee for this application is non-refundable.

X _____
Signature of Qualifying Agent

Print Name of Qualifying Agent

I, the Sole Proprietor, do hereby certify that _____ is the qualifying agent for the Sole Proprietorship, and he shall have the authority to act for the Sole Proprietorship, in all matters connected with the contracting business; to supervise the construction and installation under the certificate of competency and occupational license issued to the Sole Proprietorship.

I further certify that I will notify the Board immediately if _____, the qualifying agent, shall sever connections with the Sole Proprietorship.

X _____
Signature of Sole Proprietor

Print Name of Sole Proprietor

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and Subscribed before me that this is a true statement this _____ day of _____ 20_____

My Commission Expires _____

NOTARY PUBLIC



Construction Trades Qualifying Board

APPLICANT FINANCIAL HISTORY

(To be completed by the qualifying agent)

NOTE: Under the provisions of Section 10-6 of the Code of Miami-Dade County, certain affirmative conditions must be established for both the qualifying agent and the business entity being qualified including financial responsibility before the Construction Trades Qualifying Board (CTQB) can issue a contractor's business certificate of competency. A credit investigative agency under contract will be forwarded some of the information contained in this application in order to provide a credit report. The information below will also be reviewed by the CTQB.

TYPE or PRINT (must be legible)

1. _____
Full legal name of qualifying agent _____ Social Security No. _____
- _____
- Home address: Street _____ City, State, Zip Code _____ Home Telephone No. _____
- Driver's License No. _____
- Date of birth _____ Marital Status _____ No. of Dependents _____

2. _____
Name of Business desiring to qualify _____
- _____
- Business Address: Street _____ City, State, Zip Code _____ Business Telephone No. _____

The following questions pertain to the business you desire to qualify,

3. a. Line of Business 3a. _____
- b. If applicable, Federal Identification No. 3b. _____
- c. How long established? 3c. _____
- d. Position or Title 3d. _____
- e. Nature of work 3e. _____
- f. Approximate annual salary or wages from this position. 3f. \$ _____

For the following questions, if the same employer as provided in No. 2 indicate "N/A".

4. a. Business name of employer currently affiliated with 4a. _____
- b. If applicable, Federal Identification No. 4b. _____
- c. Address for employer in 4a 4c. _____
- d. How long with employer? 4d. _____
5. a. If in any business on your own account, state nature and approximate net annual income. 5a. _____
- b. Other income amount and source? 5b. \$ _____, Source _____
6. a. How long have you lived at your present address? 6a. _____
- b. Former home address 6b. _____
- c. Do you own your own home? 6c. Yes ☐ No ☐
- d. If so, provide value? 6d. _____



e. Mortgage?

6e. Yes ☐ No ☐ If Yes, \$ _____

f. What other major assets do you possess?
(attach additional sheet if necessary)

6f. _____

g. What is your estimated net worth?

6g. _____

7. Work History (List names and address of last three employers and dates of employment and the position you held).

	Employed From - To	Title	Employer Name	Address	Phone No.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

_____ Account Now Active

8.

CREDIT REFERENCES	ADDRESS (City and State)	YES	NO	HIGHEST BALANCE / CREDIT LIMIT
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1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____/_____
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____/_____
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____/_____

9.

Bank (s) (Name, Address, City & State)	Type of Account		Still Active?	
	Checking	Savings	Yes	No

1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Have you as an individual, or as a member of a firm, or as an officer or director of a corporation within the past five years refused to pay valid bills? Yes ☐ No ☐

a. In the last five years have you or any member of the business entity, officer or director of the corporation had any connection with any organization which said person was responsible for, been adjudicated bankrupt, or is any such person or organization presently in the process of bankruptcy proceedings? Yes ☐ No ☐

b. Do you the qualifying agent or any member of the firm, officer or director of the corporation had any connection with any organization which said person was responsible for, have any unpaid past-due bills or claims for labor, materials or services, as a result of construction operations? Yes ☐ No ☐

c. c. In the last five years have you had any liens or judgments? Yes ☐ No ☐

d. Satisfied? Yes ☐ No ☐ Disposition _____

e. What other debts to your knowledge do you owe? _____

× _____
Signature of Qualifier

